12-09-05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

DEC 0 7 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

	E ADDRESS (Note: Use Block I for 590 09/27/2005	any change of address)			mailing can only be used a is certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Tran	
1621 BARBER LA MS: D-106 MILPITAS, CA 95	NE			I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	his Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE address TO (571) 273-2885, on the	ing deposited with the Unite rst class mail in an envelop a above, or being facsimil date indicated below.
•		Λ		Mark Salv	atore /	(Depositor's name
				male	KIK	(Signature)
FC:1501 1400.00	DA			Decembe	r7,2∞5	(Date
APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,940 07/09/2001			David N. Pether		00-339 1496.00116	9547
APPLN. TYPE	SMALL ENTITY					
nonprovisional	NO	\$1400)	\$0	\$1400	12/27/2005
	NO	\$1400 ART UN		\$0 ASS-SUBCLASS	\$1400	12/27/2005
nonprovisional EXAM KOSTAK,	NO IINER VICTOR R	ART UN 2614	IIT CL		\$1400	12/27/2005
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47: Rev 03-02 c	NO INER VICTOR R e address or indication of "Federice address (or Change of	ART UN 2614 see Address" (37 Correspondence	2. For printing on the (1) the names of up or agents OR, altern (2) the name of a significant (2) the name of a significant (3) the name of a significant (4) the name of a significant (5) the name of a significant (6) the name of a significant (6	ASS-SUBCLASS 348-581000 he patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the nam attorneys or agents. If	st nt attorneys P.C.	
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	NO VICTOR R e address or indication of "Forence address (or Change of 622) attached.	ART UN 2614 see Address" (37 Correspondence stion form	2. For printing on the state of up or agents OR, altern (2) the name of a stregistered attorney 2 registered patent listed, no name will	ASS-SUBCLASS 348-581000 he patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If 1 be printed.	st nt attorneys P.C.	12/27/2005 opher P. Maior
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	NO INER VICTOR R e address or indication of "Forence address (or Change of 622) attached. ion (or "Fee Address" Indication (or "Fee Address" Indication more recent) attached. Use	ART UN 2614 see Address" (37 Correspondence ation form of a Customer	2. For printing on the state of up or agents OR, altern (2) the name of a stregistered attorney 2 registered patent listed, no name will THE PATENT (print or	ASS-SUBCLASS 348-581000 the patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If I be printed. r type)	st nt attorneys P.C.	opher P. Maior
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	NO INER VICTOR R e address or indication of "Formula and address (or Change of 0.22) attached. ion (or "Fee Address" Indication more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	ART UN 2614 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Tellow, no assignee of this form is NO	2. For printing on the control of the names of upor agents OR, altern (2) the name of a significant control of the control of	ASS-SUBCLASS 348-581000 the patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If I be printed. r type)	st nt attorneys a member a less of up to no name is at member a less of up to no name is attorneys 1 Christ P.C. 3	opher P. Maior
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	NO INER VICTOR R e address or indication of "Formula and address" (or Change of 0.22) attached. ion (or "Fee Address" Indication more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of EE	ART UN 2614 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Tellow, no assignee of this form is NO	2. For printing on the control of the names of upor agents OR, altern (2) the name of a stregistered attorney 2 registered patent listed, no name will of the PATENT (print of the control	ASS-SUBCLASS 348-581000 the patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If 1 be printed. Type) the patent. If an assign an assignment.	st nt attorneys a member a les of up to no name is alee is identified below, the output of the second state of the second sta	opher P. Maior
nonprovisional EXAM KOSTAK, 1 Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. B. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	NO INER VICTOR R e address or indication of "Formula and the standard a	ART UN 2614 Dee Address" (37 Correspondence Attion form of a Customer E PRINTED ON To Elow, no assignee of this form is NO (B	2. For printing on the control of the names of up or agents OR, altern (2) the name of a sage tregistered attorney 2 registered patent listed, no name will of the PATENT (print or data will appear on the Ta substitute for filing the patents). RESIDENCE: (CITY Milpitas, 19	ASS-SUBCLASS 348-581000 the patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If I be printed. Type) the patent. If an assign an assignment. Y and STATE OR CORCALLIFORNIA,	st nt attorneys a member a les of up to no name is lee is identified below, the country) USA	opher P. Maior
nonprovisional EXAM KOSTAK, Change of correspondence EFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LSI Logic Correspondence Please check the appropriate a. The following fee(s) are of	NO INER VICTOR R e address or indication of "Forence address (or Change of 0.22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the completion	ART UN 2614 The Address" (37 Correspondence attion form to the of a Customer E PRINTED ON To the control of this form is NO (Butter) (Butter)	2. For printing on the (1) the names of upor agents OR, altern (2) the name of a stregistered attorney 2 registered patent listed, no name will of the PATENT (print of the data will appear on the Ta substitute for filing the control of the patent). Milpitas, (1) the patent (2) the patent (3) RESIDENCE: (CITY (3) Payment of Fee(s):	ASS-SUBCLASS 348-581000 he patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If I be printed. Type) he patent. If an assign an assignment. Y and STATE OR COL	st nt attorneys a member a les of up to no name is alee is identified below, the of the component of the private group of the private	opher P. Maior
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LSI Logic C Please check the appropriate 4a. The following fee(s) are of Issue Fee	NO INER VICTOR R e address or indication of "Forence address (or Change of 0.22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the completion	ART UN 2614 the Address" (37 Correspondence attion form the of a Customer E PRINTED ON The control of this form is NOT (Butter) (Butter) The Correspondence of this form is NOT (Butter) (Butter)	2. For printing on the control of the names of upor agents OR, alternative (2) the name of a seric price attorney 2 registered patent listed, no name will of the patent of the patent of the control of the control of the control of the control of the patent of the patent of the control of th	ASS-SUBCLASS 348-581000 he patent front page, lip to 3 registered paternatively, single firm (having as a or agent) and the namattorneys or agents. If I be printed. Type) he patent. If an assign an assignment. Y and STATE OR COLOR California, Individual California,	st nt attorneys a member a less of up to no name is dee is identified below, the of the country) UNTRY) USA proporation or other private gracelosed.	opher P. Maior
nonprovisional EXAM KOSTAK, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LSI Logic C Please check the appropriate 4a. The following fee(s) are of Issue Fee Publication Fee (No si	NO INER VICTOR R e address or indication of "Forence address (or Change of 0.22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the completion	ART UN 2614 be Address" (37 Correspondence ation form of a Customer E PRINTED ON Tollow, no assignee of this form is NO (B) ries (will not be properties)	2. For printing on the control of the names of up or agents OR, altern (2) the name of a stregistered attorney 2 registered attorney 2 registered patent listed, no name will fixed, no name will appear on the Ta substitute for filing the control of the patent (CITY). Milpitas, (CITY) inted on the patent (CITY) inted on the patent (CITY) are payment of Fee(s): A check in the am payment by credit	ASS-SUBCLASS 348-581000 he patent front page, lip to 3 registered patenatively, single firm (having as a or agent) and the nam attorneys or agents. If 1 be printed. Trype) he patent. If an assign an assignment. Y and STATE OR COULT California, Individual California, hount of the fee(s) is entered.	st nt attorneys a member a less of up to no name is dee is identified below, the of the country) UNTRY) USA proporation or other private gracelosed.	opher P. Maior document has been filed for

NOIE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name Henry Groth

5002

Registration No. 39,696

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.